



RETAIL FIREWORKS APPLICATION

BUSINESS INFORMATION	
Business Name:	Business Telephone:
Owner Name:	Contact Telephone:
Mailing Address:	
CONTACT INFORMATION	
Site Contact:	Contact Telephone:
Title:	24-Hour Telephone:
RETAIL SALES LOCATION	
Site Location:	
INSURANCE INFORMATION	
Insurance Company Name:	Copy of Insurance Certificate Attached?
Certificate or Policy #:	Yes <input type="checkbox"/> No <input type="checkbox"/>
AGREEMENT	
<i>I agree to all requirements of the City of Florence, Kentucky as a condition of this permit. Signatures must be those of a responsible party. Legal signatures include: sole proprietor/owner, corporate officer, partner and managing member or agent.</i>	
Signature: _____	Date: _____
Signature: _____	Date: _____
Copy of Kentucky Fireworks Permit Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>	Copy of Zoning Approval Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of Permit Application: <input type="checkbox"/> Permanent Initial Permit: \$3000 <input type="checkbox"/> Permanent Annual Renewal Permit: \$1000 <input type="checkbox"/> Ancillary Annual Permit: \$25	Fee Payment Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>
OFFICIAL USE ONLY – PLEASE DO NOT WRITE IN THIS AREA	
Application Received By:	Date:
Inspection Completed By:	Date:
Approval/Denial By:	Date:

Please note that seasonal or temporary fireworks businesses are **prohibited** within the City of Florence.

Please submit application, along with documentation and fee, to:

City of Florence
c/o Finance Department
8100 Ewing Boulevard
Florence, KY 41042-7588